



COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND SYSTEM FOR PROCESSING MESSAGES IN A BILL PAYMENT AND PRESENTMENT SYSTEM OVER A COMMUNICATIONS NETWORK**

This declaration is of the following type:

- ☒ Original
- ☐ Design
- ☐ national stage of PCT.
- ☐ Divisional
- ☐ Continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: (complete (a), (b), or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on 3/29/01 as Application Serial No. 09/821,263 and was amended on (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. filed on and was amended on (if applicable).

Acknowledgement of Review of Papers and Duty of Candor

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I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

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(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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Claim for Benefit of Prior U.S. Provisional Application(s)

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Provisional Application Number	Filing Date
60/192,828	3/29/00

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120
(complete this part only if this is a divisional, continuation or C-I-P application)

(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

Power of Attorney

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SEND CORRESPONDENCE TO: BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003	DIRECT TELEPHONE CALLS TO: BAKER BOTTS L.L.P. (212) 408-2500
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so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Trende	FIRST NAME Robert	MIDDLE NAME G.	
RESIDENCE & CITIZENSHIP	CITY St. Charles	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 375 Beckley Place	CITY St. Charles	STATE or COUNTRY MO	ZIP CODE 64404
DATE 10/24/01	SIGNATURE OF INVENTOR <i>Robert A. Trende</i> 63304 R.T.			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Mila	FIRST NAME Paul	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Carle Place	STATE or FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 75 Titus Avenue	CITY Carle Place	STATE or COUNTRY NY	ZIP CODE 11515
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME Conforti	FIRST NAME Cathleen	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Ocean	STATE or FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 65 Daniele Drive	CITY Ocean	STATE or COUNTRY NJ	ZIP CODE 07712
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME Leathrum	FIRST NAME Patrick	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Edwardsville	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1604 Stonebrooke Drive	CITY Edwardsville	STATE or COUNTRY IL	ZIP CODE 62025
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME Kinnunen, Jr.	FIRST NAME Clifford	MIDDLE NAME A.	
RESIDENCE & CITIZENSHIP	CITY Granite City	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 10 Jeanette Drive	CITY Granite City	STATE or COUNTRY IL	ZIP CODE 62040
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME Lock	FIRST NAME Brian	MIDDLE NAME D.	
RESIDENCE & CITIZENSHIP	CITY Washington	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1 Edward Place	CITY Washington	STATE or COUNTRY MO	ZIP CODE 63090
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FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	LAST NAME Holton	FIRST NAME Matthew	MIDDLE NAME T.	
RESIDENCE & CITIZENSHIP	CITY St. Louis	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5205 Miami Street	CITY St. Louis	STATE or COUNTRY MO	ZIP CODE 63139
DATE	SIGNATURE OF INVENTOR			
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RESIDENCE & CITIZENSHIP	CITY Ballwin	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 811 Kiefer Trail Drive	CITY Ballwin	STATE or COUNTRY MO	ZIP CODE 63021
DATE	SIGNATURE OF INVENTOR			

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added _____.
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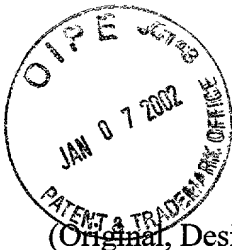
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DATE 11/15/01	SIGNATURE OF INVENTOR <i>Cathleen M Conforti</i>			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME Leathrum	FIRST NAME Patrick	MIDDLE NAME J.	
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COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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Claim for Benefit of Prior U.S. Provisional Application(s)

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Provisional Application Number	Filing Date
60/192,828	3/29/00

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120
(complete this part only if this is a divisional, continuation or C-I-P application)

(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

Power of Attorney

As a named inventor, I hereby appoint Frederick C. Carver, Reg. No. 17,021; Francis J. Hone, Reg. No. 18,662; Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; John D. Murnane, Reg. No. 29,836; Henry Tang, Reg. No. 29,705; Robert C. Scheinfeld, Reg. No. 31,300; John A. Fogarty, Jr., Reg. No. 22,348; Louis S. Sorell, Reg. No. 32,439; Rochelle K. Seide Reg. No. 32,300; Gary M. Butter, Reg. No. 33,841; Lisa B. Kole, Reg. No. 35,225; Neil P. Sirota, Reg. No. 38,306; and Paul A. Ragusa, Reg. No. 38,587 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

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RESIDENCE & CITIZENSHIP	CITY St. Charles	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 375 Beckley Place	CITY St. Charles	STATE or COUNTRY MO	ZIP CODE 64404
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Mila	FIRST NAME Paul	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Carle Place	STATE or FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 75 Titus Avenue	CITY Carle Place	STATE or COUNTRY NY	ZIP CODE 11515
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FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME Conforti	FIRST NAME Cathleen	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Ocean	STATE or FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 65 Daniele Drive	CITY Ocean	STATE or COUNTRY NJ	ZIP CODE 07712
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME Leathrum	FIRST NAME Patrick	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Edwardsville	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1604 Stonebrooke Drive	CITY Edwardsville	STATE or COUNTRY IL	ZIP CODE 62025
DATE	SIGNATURE OF INVENTOR 			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME Kinnunen, Jr.	FIRST NAME Clifford	MIDDLE NAME A.	
RESIDENCE & CITIZENSHIP	CITY Granite City	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
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DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME Lock	FIRST NAME Brian	MIDDLE NAME D.	
RESIDENCE & CITIZENSHIP	CITY Washington	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
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DATE	SIGNATURE OF INVENTOR			

Check proper box(es) for any added page(s) forming a part of this declaration

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(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

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- ☐ national stage of PCT.
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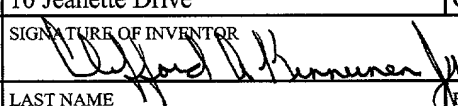
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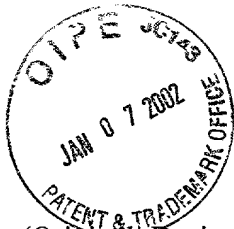
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☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

ALL FOREIGN APPLICATION[S], IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, ' 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
60/192,828	3/29/00

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120
(complete this part only if this is a divisional, continuation or C-I-P application)

(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

Power of Attorney


As a named inventor, I hereby appoint Frederick C. Carver, Reg. No. 17,021; Francis J. Hone, Reg. No. 18,662; Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; John D. Murnane, Reg. No. 29,836; Henry Tang, Reg. No. 29,705; Robert C. Scheinfeld, Reg. No. 31,300; John A. Fogarty, Jr., Reg. No. 22,348; Louis S. Sorell, Reg. No. 32,439; Rochelle K. Seide Reg. No. 32,300; Gary M. Butter, Reg. No. 33,841; Lisa B. Kole, Reg. No. 35,225; Neil P. Sirota, Reg. No. 38,306; and Paul A. Ragusa, Reg. No. 38,587 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO: BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003	DIRECT TELEPHONE CALLS TO: BAKER BOTTS L.L.P. (212) 408-2500
---	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like

so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Trende	FIRST NAME Robert	MIDDLE NAME G.	
RESIDENCE & CITIZENSHIP	CITY St. Charles	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 375 Beckley Place	CITY St. Charles	STATE or COUNTRY MO	ZIP CODE 64404
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Mila	FIRST NAME Paul	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Carle Place	STATE or FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 75 Titus Avenue	CITY Carle Place	STATE or COUNTRY NY	ZIP CODE 11515
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME Conforti	FIRST NAME Cathleen	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Ocean	STATE or FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 65 Daniele Drive	CITY Ocean	STATE or COUNTRY NJ	ZIP CODE 07712
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME Leathrum	FIRST NAME Patrick	MIDDLE NAME J.	
RESIDENCE & CITIZENSHIP	CITY Edwardsville	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1604 Stonebrooke Drive	CITY Edwardsville	STATE or COUNTRY IL	ZIP CODE 62025
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME Kinnunen, Jr.	FIRST NAME Clifford	MIDDLE NAME A.	
RESIDENCE & CITIZENSHIP	CITY Granite City	STATE or FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 10 Jeanette Drive	CITY Granite City	STATE or COUNTRY IL	ZIP CODE 62040
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME Lock	FIRST NAME Brian	MIDDLE NAME D.	
RESIDENCE & CITIZENSHIP	CITY Washington	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1 Edward Place	CITY Washington	STATE or COUNTRY MO	ZIP CODE 63090
DATE	SIGNATURE OF INVENTOR			

FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	LAST NAME Holton	FIRST NAME Matthew	MIDDLE NAME T.	
RESIDENCE & CITIZENSHIP	CITY St. Louis	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5205 Miami Street	CITY St. Louis	STATE or COUNTRY MO	ZIP CODE 63139
DATE 10/25/01	SIGNATURE OF INVENTOR 			
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY	LAST NAME Stark	FIRST NAME Jeffrey	MIDDLE NAME M.	
RESIDENCE & CITIZENSHIP	CITY Ballwin	STATE or FOREIGN COUNTRY MO	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 811 Kiefer Trail Drive	CITY Ballwin	STATE or COUNTRY MO	ZIP CODE 63021
DATE	SIGNATURE OF INVENTOR			

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____.
- ☒ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
Number of pages added _____.



COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND SYSTEM FOR PROCESSING MESSAGES IN A BILL PAYMENT AND PRESENTMENT SYSTEM OVER A COMMUNICATIONS NETWORK**

This declaration is of the following type:

- ☒ Original
- ☐ Design
- ☐ national stage of PCT.
- ☐ Divisional
- ☐ Continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: (complete (a), (b), or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on 3/29/01 as Application Serial No. 09/821,263 and was amended on (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. filed on and was amended on (if applicable).

Acknowledgement of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

Power of Attorney

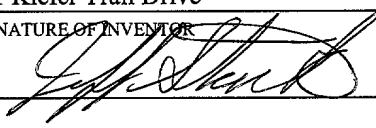
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POST OFFICE ADDRESS	POST OFFICE ADDRESS 811 Kiefer Trail Drive	CITY Ballwin	STATE or COUNTRY MO	ZIP CODE 63021
DATE 10/25/2001	SIGNATURE OF INVENTOR 			

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added _____.
- ☒ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____.
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